



**BEAUFORT MEMORIAL HOSPITAL**

**Outpatient Ostomy Clinic  
General Orders**

Admit Status:  Outpatient

Admit Date:

Diagnosis:

**Directions: All blanks must be filled in for this to be a valid order. Only boxes that are checked will be executed. Statements with no blanks or boxes are considered valid orders and will be executed.**

**Referring/Ordering Physician's office is responsible for pre-authorization with the patient's insurance company, as applicable.**

1.  **Pre-operative education**  
Planned procedure: \_\_\_\_\_ OR Date: \_\_\_\_\_
2.  **Stoma Siting**  
Planned procedure: \_\_\_\_\_ OR Date: \_\_\_\_\_
3.  Post-op follow up/education
4.  Assistance with pouching difficulties
5.  Management of peristomal skin breakdown.
6.  Other: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
MD Signature

\_\_\_\_\_  
Date/Time

**Unapproved Abbreviations:**

U IU Trailing zero (X.0) Lack of Leading Zero (.Xmg) MS MgSO4 MSO4 QD qd Q.D. q.d.  
QOD qod Q.O.D. q.o.d.